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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/545,964	11/14/2005	Wilhelmus J.M. Sour	4662-58	8283	
	7590 10/27/200 NDERHYE, PC	8	EXAMINER		
901 NORTH G	LEBE ROAD, 11TH F	SANDERS, KRIELLION ANTIONETTE			
ARLINGTON,	VA 22203		ART UNIT PAPER NUMBER		
			1796		
			MAIL DATE	DELIVERY MODE	
			10/27/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/545,964	SOUR ET AL.	
interview Summary	Examiner	Art Unit	
	Kriellion A. Sanders	1796	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Kriellion A. Sanders</u> .	(3)		
(2) <u>Bryan H Davidson</u> .	(4)		
Date of Interview: <u>09 October 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Mr. Davidson verified tha</u>			was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPOLITIES ON REVERSE SIDE OF ON Attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Kriellion A. Sanders/ Primary Examiner, Art Unit 1796			

Application No.

Applicant(s)